

Attachment 4

Dental Access Standards

1. Waiting Times and Timely Access

- a. The DBPM must ensure that its network providers have an appointment system for core dental benefits and services and/or expanded services which are in accordance with prevailing dental community standards.
- b. Formal policies and procedures establishing appointment standards must be submitted for initial review and approval during the readiness review process. Revised versions of these policies and procedures should be submitted to MLTC for record keeping purposes as they become relevant. If changes to policies and procedures are expected to have a significant impact on the provider network or member services, MLTC staff must be notified in writing 30 calendar days prior to implementation. Methods for educating both the providers and the members about appointment standards must be addressed in these policies and procedures. The DBPM must disseminate these appointment standard policies and procedures to its in-network providers and to its members. The DBPM must monitor compliance with appointment standards and must have a corrective action plan when appointment standards are not met.
- c. Urgent Care must be provided within twenty-four (24) hours [42 CFR §438.206(c)(1)(i)]; Urgent care may be provided directly by the primary care dentist or directed by the DBPM through other arrangements.
- d. Routine or preventative dental services within six (6) weeks.
- e. Wait times for scheduled appointments should not routinely exceed forty-five (45) minutes, including time spent in the waiting room and the examining room, unless the provider is unavailable or delayed because of an emergency. If a provider is delayed, the member should be notified immediately. If a wait of more than ninety (90) minutes is anticipated, the member should be offered a new appointment.
- f. The DBPM must establish processes to monitor and reduce the appointment “no-show” rate for primary care dentists. As best practices are identified, MLTC may require implementation by the DBPM. This information must be provided to MLTC during the readiness review process.
- g. The DBPM must have written policies and procedures about educating its provider network about appointment time requirements and provide these to MLTC for approval during the readiness review process. The DBPM must develop a corrective action plan when appointment standards are not met; if appropriate, the corrective action plan should be developed in conjunction with the provider [42 CFR §438.206(c)(1)(iv), (v) and (vi)]. Appointment standards must be included in the Provider Manual. The DBPM is encouraged to include the standards in the provider contracts.

2. Geographic Access Standards

a. Dentists

The DBPM must, at a minimum, contract with:

- i. Two (2) Dentists within forty-five (45) miles of the personal residences of members in urban counties.
- ii. One (1) Dentist within sixty (60) miles of the personal residences of members in rural counties.
- iii. One (1) Dentist within one hundred (100) miles of the personal residences of members in frontier counties.

b. The DBPM must, at a minimum, contract with following dental specialists:

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- i. One (1) oral surgeons, One (1) orthodontist, One (1) periodontist and One (1) pediadontist within forty-five (45) miles of the personal residences of members in urban counties.
 - ii. One (1) oral surgeon, One (1) orthodontist , One (1) periodontist and One (1) pediadontist within sixty (60) miles of the personal residences of members in rural counties.
 - iii. One (1) oral surgeon, One (1) orthodontist, One (1) periodontist and One (1) pediadontist within one-hundred (100) miles of the personal residences of members in frontier counties.
- c. Urban, rural, and frontier county designations are detailed in Attachment 13 – Nebraska Counties Classified by Urban/Rural/Frontier Status.